Sample Screen Shot of the Virginia Medicaid Portal Showing CCC Plus and Early Intervention Enrollments

ligibility Inquervice Date Fr	rom: 08/01/2017	Serv	ice Date	To: 08/31/2	017	=	Confirmation Nu	mber:	
Member Inf		te of Birth:			Memb	or II	2:	7	Member SSN:
valle.	00	te or birdi.			Memb	/CI IL	,		Member 3314.
Benefit Plar	n								
Plan Descri	ption - CoPay Indicator 🗻	Plan Fro	m 🗻	Plan To 👗	Provider ID a	۱ ا	Provider Name 🛦		Provider Phone 🗻
	•		•	-		-			-
EI - A		08/01/20	17	08/31/2017	1861562472	(CITY OF VA BEACH	CSB MHMRSAS	757-385-0687
XIX CCCP TD		08/01/20	17	08/31/2017	0247726596		AETNA BETTER HEA	ALTH OF VIRGINIA	855-652-8249
MEDICAID FF	CCC Plus = CCCP	08/01/20	17	08/31/2017			Mamba	r's Assigned CC	C Plus Health Plan
Showing 1 -	3 of 3						Wiembe	i s Assigned CC	C I lus i caltii i laii
TPL Spans									
Carrier Code	Carrier Name	Carrier Name 🗻		age 🔻	СоРау	_	Policy	Policy Begin	
			Туре		Amount		Number	Date	Policy End Date
00G82	TRICARE PRIME		30	•	Amount 0.00	-	Number	09/25/2016	
00G82 00271	TRICARE PRIME NEW ENGLAND GENERAL L CO	IFE INS				-	Number		Date
00271	NEW ENGLAND GENERAL L	IFE INS	30		0.00		Number	09/25/2016	Date 12/31/9999
00271 Showing 1 -	NEW ENGLAND GENERAL L	IFE INS	30		0.00		Number	09/25/2016	Date 12/31/9999
00271 Showing 1 - Patient Pay	NEW ENGLAND GENERAL LCO 2 of 2 Information		30		0.00			09/25/2016 01/01/2016	12/31/9999 12/31/9999
00271 Showing 1 - Patient Pay Begin Date	NEW ENGLAND GENERAL LCO 2 of 2 Information	End Date	30		0.00	Pay		09/25/2016 01/01/2016	Date 12/31/9999
00271 Showing 1 - Patient Pay Begin Date	NEW ENGLAND GENERAL LCO 2 of 2 Information	End Date	30 30		0.00	Pay		09/25/2016 01/01/2016	12/31/9999 12/31/9999